

Work Order# _____

Darnall Army Community Hospital Public Affairs & Marketing Office

Work Order Request

PAO Officer: MAJ Bergeron 288-8004

Graphic Artist: Julie A. Guerrero 288-8803



Today's Date _____

Requestor's Department: _____

Department Chief: _____

Department Chief Approval of Request: **X** _____

Requester: _____

Requestor's phone number: _____

Requestor's e-mail: _____

Alternate P.O.C.: _____

Phone number: _____

Type of Request :

Requested Due Date: _____

(attach hard copies and list enclousres)

Flier: (8.5x11) quantity: _____ color mode: _____ mounted: _____ Misc: _____

Poster: size 11x17 quantity: _____ 15x20 quantity: _____ 20x30 quantity: _____ mounted: _____

trimmed: _____ laminated: _____ Misc. _____ Printed In-house: _____ OR sent out for printing: _____

3 Panle Display: quantity: _____ 20x30 poster: (3) 15x20 poster: (1) mounted: foamboard Misc. velcro on back

Banner: size: _____ quantity: _____ material: _____ grommets: _____ doublesided foamtape: _____

Brochure

Bifold: quantity: _____ Printed/Trimmed inhouse: _____ OR sent out to print: _____

Trifold: quantity: _____ Printed/Trimmed inhouse: _____ OR sent out to print: _____

Quadfold: quantity: _____ Printed/Trimmed inhouse: _____ OR sent out to print: _____

Program: (8.5x11) printed front & back _____ # of pages (MAX is 4 pgs.) _____ assembled

Other: (explain) _____

Justification:

(Please explain the purpose for your request and the intended use for the requested products)

FOR PAO USE:

Notes: _____

Customer Notified of Completeion: _____ Date _____

FINAL DRAFT PROOFING:

PAO Officer Signature: _____ Date _____

Requestor Signature: _____ Date _____

Finished Product Recieved by: _____ Date _____

X